FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 19 AM 1:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G57999 (6)

1. Corporation Name
C.W. BROADWAY, INC.

Principal Place of Business	Mailing Address
RT. 4 BOX 6951 CRAWFORDVILLE FL 32327	P. O. BOX 641 WOOD VILLE FL 32362 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/02/1983
3a. Date of Last Report: 06/17/1994

21	2. Principal Place of Business: 301 Sam Smith Cir.	
22	Suite, Apt. #, etc.	
23	City & State: Crawfordville, FL.	
24	Zip: 32327	25 Country: Wakulla
26	2a. Mailing Address	
27	Suite, Apt. #, etc.	
28	City & State	
29	Zip	30 Country

4. FEI Number: 59-2318919 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BROADWAY, DUANE C
ROUTE 2, BOX 4391-112
CRAWFORDVILLE FL 32327

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	Duane C. Broadway ☒ Change ☐ Addition
NAME	BROADWAY, DUANE C	1.2 NAME	VP
STREET ADDRESS	ROUTE 2, BOX 4391-112	1.3 STREET ADDRESS	57 Royster Dr.
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	1.4 CITY-ST-ZIP	Crawfordville, FL. 32327
TITLE	S	2.1 TITLE	S ☒ Change ☐ Addition
NAME	BROADWAY, MARIA V	2.2 NAME	Broadway, Maria V.
STREET ADDRESS	RT 4 BOX 6951	2.3 STREET ADDRESS	301 Sam Smith Cir.
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	2.4 CITY-ST-ZIP	Crawfordville, FL. 32327
TITLE	D	3.1 TITLE	P ☒ Change ☐ Addition
NAME	BROADWAY, CARVAS W	3.2 NAME	Broadway, Carvas W.
STREET ADDRESS	ROUTE 4, BOX 6951	3.3 STREET ADDRESS	301 Sam Smith Cir.
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	3.4 CITY-ST-ZIP	Crawfordville, FL. 32327
TITLE	VP	4.1 TITLE	☒ Change ☐ Addition
NAME	BROADWAY, DAVE	4.2 NAME	VP
STREET ADDRESS	RT 4, BOX 6951	4.3 STREET ADDRESS	Broadway, Dave.
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	4.4 CITY-ST-ZIP	301 Sam Smith Cir. Crawfordville, FL. 32327
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Carvas W Broadway
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0410000 FP